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U.S. ELECTION ASSISTANCE
COMMISSION
STATE OF NEBRASKA
2007 JAN 25 PM 5:00

REVISED
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JOHN A. GALE
SECRETARY OF STATE

P.O. Box 94608
State Capitol, Suite 2300
Lincoln, NE 68509-4608
Phone 402-471-2554
FAX 402-471-3237
www.sos.state.ne.us
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January 26, 2007

Election Assistance Commission
Amended 251 Reports
1225 New York Ave. NW, Suite 1100
Washington D.C. 20005

Via Facsimile
Original via Mail

Enclosed please find Amended reports (SF269) for Help America Vote Act Title I, CY 04 and 05 and Title II FY 04 and 05. These amendments include information requested in your letters of January 10, 2007.

Should you have additional questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Neal Erickson".

Neal Erickson
Deputy Secretary of State for Elections

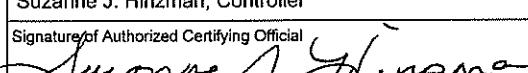
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FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

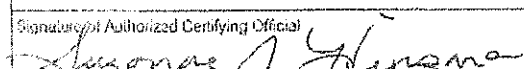
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1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA 39.011 HAVA Title II sec. 251		OMB Approval No. 0348-0039 Page of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) Nebraska Secretary of State Elections Division					
4. Employer Identification Number 47-0491233		5. Recipient Account Number or Identifying Number BU 9824584		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/22/2003		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003	
				To: (Month, Day, Year) 9/30/2004	
10. Transactions:					
		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays				0.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		0.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f, g and h				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		0.00		0.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				0.00	
o. Total Federal funds authorized for this funding period				4,944,217.00	
p. Unobligated balance of Federal funds (Line o minus line n)				4,944,217.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate		c. Base	
		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Line 10 o includes interest earned in the amount of \$23,841. MOE expended = \$188,091.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Suzanne J. Hinzman, Controller				Telephone (Area code, number and extension) 402-471-2384	
Signature of Authorized Certifying Official 				Date Report Submitted January 26, 2007	

FILE COPY

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA 39.011 HAVA Title II sec. 251		CMB Approval No. 0348-0039	Page of 1 pages
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8. Funding Grant Period (See instructions) From: (Month, Day, Year) 4/22/2003		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual To: (Month, Day, Year) 9/30/2004	
10. Transactions		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays				0.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		0.00	
Recipient's share of net outlays, consisting of:				0.00	
e. (Third party in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		0.00		0.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				0.00	
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q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Interest		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
Expenses		b. Rate	c. Base	d. Total Amount	e. Federal Share
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Typed or Printed Name and Title Suzanne J. Hinzman, Controller				Telephone (Area code, number and extension) 402-471-2384	
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